THIRD ANNUAL REPORT

CATHOLIC RELIEF SERVICES
COMMUNITY-BASED CHILD SURVIVAL
INTIBUCA, HONDURAS

COOPERATIVE AGREEMENT **FAO-A-00-99-00012-00**

Beginning Period: **September 30, 1999**
Ending Period: **September 29, 2003**

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Community Based Child Survival Program, Intibuca Honduras
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A. Table comparing baseline and current data

TABLE: Midterm Evaluation (MTE) Impact Results			
Indicator	**Baseline %**	**Miderm %**	**Change (+/-)**
Safe Motherhood & Newborn Care			
Danger Signs Knowledge/Recognition	13.4	67	+ 53.6
Post-natal Control	1.0	59.4	+ 58.4
Acute Respiratory Infection (ARI) Management			
Prevalence of ARI	56.3	50	- 6.3
Proportion of children with ARI with difficult breathing symptoms	77.5	66.5	- 11.0
Mothers sought medical attention for children with difficult breathing	73.6	86	+ 12.4
Mothers recognize fast breathing as a Risk sign	38.3	66	+ 27.7
Diarrhea Management & Prevention			
Children < 24 months old with diarrhea who received increased ration of food after episode	7.2	34.4	+ 27.2
Children < 24 months old with diarrhea treated with Oral Rehydration Solution (ORS)	26.8	50.3	+ 23.5
Mothers provided an equal or larger amount of food during the diarrhea episode	26.8	51.0	+ 24.2

B. What factors have impeded progress towards achievement of objectives and what actions are being taken to overcome these constraints?

During the first half of the project institutional relationship between CRS and its counterpart COCEPRADII was challenged by turn over of program personnel and change of leadership in COCEPRADII. The management structure for the project was becoming affected, in detriment of COCEPRADII's ownership of the project, and its institutional development was been overlooked. After the midterm evaluation, there has been continual institutional strengthening by educational seminars and collaboration on program decisions with both the MOH and COCEPRADII.

Due to the increased concern from the MTE for the institutional strengthening of COCEPRADII, CRS Honduras reorganized the communication process with the NGO by holding a series of meetings December 5, 6, and 7, 2001 in which COCEPRADII and CRS modified and solidified the institutional functions focusing on revised agreements on roles and responsibilities. All were assessed with an emphasis on feasibility and budget.

Since the December meetings following the MTE, COCEPRADII has shown progress in managing their financial procedures and administration. Educational opportunities for COCEPRADII continue to be offered by CRS Honduras to help in increasing COCEPRADII's technical knowledge on interventions. Meetings on December 2002 will take place with the COCEPRADII Board of Directors to improve skills on proposal development and project management.

C. In what areas of the program is technical assistance required?

The program is currently being assisted in documenting its experience in addressing obstetric emergencies at the community level, specifically its process development, material developed, training methodology, and overall impact. Also, the program has identified the need for technical assistance in COCEPRADII's institutional development process.

D. *Describe any substantial change:* The LAM (lacto-amenorrheic method) has been integrated within the safe-motherhood intervention.

E. For each of the recommendations made in the MTE provide a thorough discussion describing the activities that are being undertaken to implement each recommendation:

MTE Recommendation Summary

- Strengthen COCEPRADII involvement / empowerment of ownership in the CB-CS program
- Continue and increase non-monetary incentives for community volunteers
- Training follow-up at all levels and planned supervision must become a priority in the program; including monitoring of input and instruments
- Reinforce community workers (TBAs, monitors, etc.) referral and counter-referral skills
- The list of basic health messages must be reviewed and modified to ensure emphasizing, in the second phase, those messages directed to areas with a more difficult progression, for example, habits of food and liquid intake during and after the disease episode
- Obtain a consultant for the HIS to ensure appropriate indicators are being measured by community members

The first recommendation regarding counterpart's involvement/empowerment was already discussed in section B. At the community level, the MTE recommended that measures be taken on a regular basis to increase the sustainability of the work and motivation of the volunteers in the community. Following the specific recommendations the program is implementing a multi-incentive non-financial motivation scheme for volunteers. Community Health Workers (CHWs) receive accreditation through diplomas given at the completion of each training. Public recognition is received during community events such as health fairs. In addition, volunteers receive permanent training with the MOH as well as receive an ID badge with the MOH logo and signature, and free health care at SOH facilities.

MTE Recommendations asked for increased supervision with follow-up training to help in increasing the knowledge base of the community health workers (CHW). The health educator is the professional directly supervising and supporting the CHWs. Due to this,

the MTE recommendation focused on ensuring adequate supervision skills and knowledge base of the health educator.

Following the MTE recommendations, a supervision plan was implemented. These include monthly meetings between the program manager, coordinator, and health educators to analyze methodologies and techniques for the health educator to best supervise the CHWs. In addition, the health educator brings technical issues to these meetings on an as-needed basis. Checklists as well as other critical pathway documents have been given to the educator to ensure that the activities involved with supervision are completed. Every 3 months, a new 'educator of the trimester' is selected based on a combination of the educators' record of fulfilling the monthly objectives and the quality of his/her work.

In addition to assuring that the health educator is well trained, the MTE recommended that CHWs be reinforced on their referral and counter-referral skills. Since the beginning of the CB-CS program, health educators have met monthly with each of their CHWs to monitor if any teaching is needed and answer questions. Since the MTE, the CB-CS program has included follow-up training on the referral and counter-referrals as part of the mandatory training agenda. The agenda is set up to train the CHW on the skills of their job (i.e. obstetric emergencies, AIN-C). After time has been allotted to the CHWs to practice their skills in the community, follow-up training on the referral methods is initiated. Currently, all TBAs and their assistants have been trained in all of these areas including the referral and counter-referral follow-up training.

A segment of the training for the CHWs included counseling mothers to change their behaviors to improve the health of themselves and their children. The MTE reported that more emphasis and simplification of the more complex behavior change messages be addressed during the training of the CHWs. The working group looked into this and decided to concentrate on messages related to pregnancy related hemorrhage and infection, breastfeeding during a diarrhea episode, nutrition during a diarrhea episode, and fast breathing.

Currently all of the community health workers are using forms to collect information about needed indicators to do a process and impact evaluation of the program at the community. Monitors trained in AIN-C participate in a HIS collecting information for indicators on danger signs, weight monitoring, nutrition, ARI, and diarrhea. TBA's collect data to detect pregnant women and identify pregnancy-related health problems, measure health outcomes of pregnancy-related events, and document patterns by time, place, and person. This has resulted in significant improvements in health-seeking practices surrounding antenatal care (ANC) and obstetric emergencies.

Every month trained TBAs collect information from pregnant women. Analysis of this data provides a basis for household-level activities by TBAs and for decision-making at a community level. TBAs in turn provide project health educators with their collected information for consolidation, and this is shared further with field supervisory and program manager levels. Refer to Figure 1 below for an illustration of the flow of

information and roles of each participant in the HIS program. Each piece of data collected and each level of aggregation has utility relevant to each collector and compiler/user. As recommended in the MTE, on October 01 an evaluation was performed on the current HIS to assess the types of indicators, the collection of the information, the process of information flow, and ultimately, the use of this information in decision making in the program. The report, "Evaluation of a Community Based HIS in Rural Honduras: CRS/COCEPRADII Experience" documented the results of this extensive evaluation. In summary, it was found that the indicators were correctly measuring the health events that were prioritized as the most critical for decision-making. In addition, the indicators were being correctly collected and reported on regular intervals to health educators and ultimately, reaching top management of the program. However, no example could be found where this information had been used to make decisions at any level of the program. Recommendations were made for the CHWs to discuss the information gathered with the health educators to make decisions on what should be done to improve on certain indicators. This has been done and proven to be successful in improving indicators from previously collected information at the community level.

F. Review DIP phase out plan and describe steps taken, targets reached and constraints today:

As stated in the DIP, "The sustainability strategy for this project will focus on programmatic and organizational capacity at the community and institutional level." Over the last 3 years, CRS has extended training of community health workers and their health services to 95 communities. This was done by strengthening community organizations such as COCEPRADII, which is described in section B combined with strengthening linkages within the formal health system through the SOH. COCEPRADII, increased its water and sanitation programs from 30 communities in the Intibuca region to the 95 communities in the CB-CS program. The SOH supported the community efforts by adding current initiatives such as the national vaccination campaign to its available services.

A systematic supervision system for the community health workers, educators, and program managers has been linked with CRS, COCEPRADII and the SOH. The same supervision system has enabled the health information system indicator results to be analyzed and subsequently, actions have been taken to improve on the health of the communities. These successes continue to be documented. A cost-extension proposal is currently being written to extend these successes to a larger geographic area.

G. Discuss any factors that have positively or negatively impacted the overall management of the program during the life of the program:

During the three quarters of the project personnel turn over was challenging program continuity and sustainability of quality of interventions, COCEPRADII's program coordinator was changed three times, and CRS' program manager once. Since the fourth quarter, program personnel have become more stable. Communication lines within the

management structure were progressively becoming diffuse, especially in the operational relationship between CRS and its counterpart, which was challenging COCEPRADII's ownership of the program. Since the MTE report, CRS and its counterpart have embarked in serious efforts that have resulted in solving this limitation (describe in section E).

H. Identify and provide an analysis of an important issue, success, new methodology or new process that has serious potential for scale up:

The safe motherhood and newborn care interventions have succeeded in finding a sustainable program at the community level for better quality and access to healthcare. Due to an estimated 83.5% of births at home and geographical barriers to formal healthcare services, the interventions focused on training the technical abilities of traditional birth attendants (TBAs). This allowed the TBAs to participate in safer home births, quicker and more knowledgeable referrals of obstetric emergencies, and increased knowledge of maternal and neonatal health at the community level. The program used LSS methodology developed by ACNM for the facility health workers and TBAs. In the second year, the ACNM trained a "core group of physicians" consisting of the CRS program manager, COCEPRADII program coordinator and local SOH physicians. The MTE stated that the health personnel from the project's zone evaluated the ACMN training as excellent. This "core group" then trained the Traditional Birth Attendants (TBAs). After the initial intensive training of the TBAs, they were provided with a complete set of instruments and input for attending deliveries in the home. To date, 97% or 116 (out of 118) TBAs in all 95 communities and 60 maternal assistants in the Intibuca region have been trained. After one year of field implementation there is a 98% of ANC at the facility level, mothers' ability to recognize danger signs has increased 5 times, 100% of pregnant women presenting any obstetric complication have been referred to an appropriate level of care, postpartum care within 7 days post delivery has increased from a baseline of 1% in the program area to 59.4%, pregnancy delivery at health facility has increased 6%, and maternal mortality has decreased by almost 75% in the program area.

In addition to knowledge and referral increases, each of the 95 communities has a committee of community members that formed an evacuation plan for obstetric emergencies. This was done in partnership with Red Cross who offered their technical assistance in the formation of the plan. The community committee meets bimonthly to ensure that the evacuation plan is working and to brainstorm on ways to raise money in the community to fund this plan. An example of a funding source is a community fair. As of September 2002, 100% of these communities have written contracts that outline the

A collateral gain was achieved through the efforts of the community committees when the Mayors of 6 municipalities organized a working group together called the Association of Municipalities Bordering Intibuca (ANFI). The ANFI along with the MOH and institutions in the regions organized the proposal, Healthy Borders. This proposal outlines the roles of the participants in assessing and trouble shooting health issues holistically in the area.

This intervention is projected to be expanded, in collaboration with the Secretary of Health, into 251 more communities (currently is being implemented in 95 communities), to include 99% of the entire department of Intibuca.